TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT OF RUnder 37 CFR 1.97(b) or 1.97(c))					Docket No. 18969	
In Re Application of: Takesiki Yokoi, et al.						
Application No.		Examiner		Customer No.	Group Art Unit	Confirmation No.
10/541,369 July 5, 2005		Unassigned		23389	3736	8936
Title: MEDICAL DEVICE						
Payment of Fee (Only complete if Applicant shorts to pay the fee set forth in 37 CFR 1.17(n))						
A check in the amount of is attached.						
Registration No. Scully, Scott, Mu 400 Garden City Garden City, New 516-742-4343	rphy & Presser, P.C. Plaza, Suite 300					